

Routine and Manual smokers in England

These facts and insights are to inform:

- a shared understanding of smoking behaviour across the Alliance
- commissioning decisions on health inequality
- planning for smokefree homes, cars and workplace initiatives
- communications and service planning for Stop Smoking services

Shared attitudes and behaviours...it's the normⁱ

- Strong sense of community spirit reflected in radio consumption and reading local papers
- Family will often live close by and extends to neighbours and friends
- Smoking partners often include family, partner and friends (thereby forming a social circle)
- Smoking is entrenched in their lives and smoking in home may be the norm
- Approximately 50% have banned smoking from their homes
- Thirty-two per cent believe the dangers of second-hand smoke are greatly exaggeratedⁱⁱ
- Desire to escape daily routine expressed through watching property and holiday programmes, gambling and the lottery
- Long-term focus likely to be on next holiday – a good trigger
- **Relapsers are a target audience** - nearly half of the target audience have tried to quit and two-thirds have quit on their ownⁱⁱⁱ
- Routine and Manual workers are split 60% men versus 40% women^{iv}
- In 2009-10, 532 male Routine and Manual workers accessed NHS Service, of these 62% quit.

INSIGHT: Ownership of the quit attempt is important, it's not the first quit attempt

Women...^v

Top jobs: sales and retail, carers, cleaners/domestic, educational assistants, kitchen and catering assistants, receptionists, retail and check-out, packers/bottlers/canners, chefs/cooks, hairdressers
 Women more likely to self-refer to Stop Smoking services^{vi}

Men...“A fag is a must on a tea break”^{vii}

Top jobs: HGV drivers, storage handling, sales and retail, van drivers, labourers, postal workers, security guards, carpenter/joiner, metal work/maintenance, construction trade
 Peak time for 'fag break' 10-10.30 am and lunchtime; nearly 35% use a car every day and only 10% use a bus (Source IPA TouchPoints)
 Men are the bread winners and tend to socialise more than women

Work-related intelligence^{viii}

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 2% have a household income over £75k compared to 3% of the population
 49% work full-time compared to 46% of the population
 12% work part-time compared to 9% of the population

INSIGHT: More than half use their cars/vans with less than 5% using public transport

INSIGHT: Smokers are not necessarily struggling in life, only in quitting

INSIGHT: Smokers are busy; out of hours services and pharmacies are key access points

Motivators to quit (Source: Power marketing survey 2008)



1. Good health
2. Save money
3. Health episode: life changing diagnosis, referred for treatment, and/or stroke or heart attack

Barriers (Source: Power marketing survey 2008)

1. I enjoy smoking (don't want to give up)
2. Stress
3. It's a habit/habitual smoker
4. Lack of willpower to give up
5. Smoking is a social thing with friends
6. It's an addiction/I am addicted
7. I put on weight when I give up

How cigarettes reflect different behaviour and meet different needs (redrawn based on Department of Health presentation Routine and Manual Workers who are they, 2007)

	Cigarette	Why I smoke	When and where I smoke
More emotional ↑	Time for me	To reflect, escape, relax, create sense of space.	Solitary places
	To relax	Enjoy, unwind, increase sense of belonging, strong emotional attachment	Social places, pub Observed less in women in work place
More physical ↓	Reward/ Incentive	Pat on back, complete a task, break before the next, quick "moment to self" as always on the go	Men physical jobs, females in the evening
	Fill the gap	Boredom, a substitute, sub conscious Will be focused on another active (e.g. driving a car)	Home evenings, younger male, living alone, car
	To Cope	Solution to negative feeling, calming strong emotional & physical need. Feeling of escape.	Retail manufacturing
	A Fix	Strong physical need. Focus is on smoking. Most addictive cigarette. The 10am fix.	Working environments with designated breaks (excluding building trades and retail)
	Smoking fulfils every need		

 More enjoyment of smoking
 Higher perceived level of addiction

Communication touchpoints^x

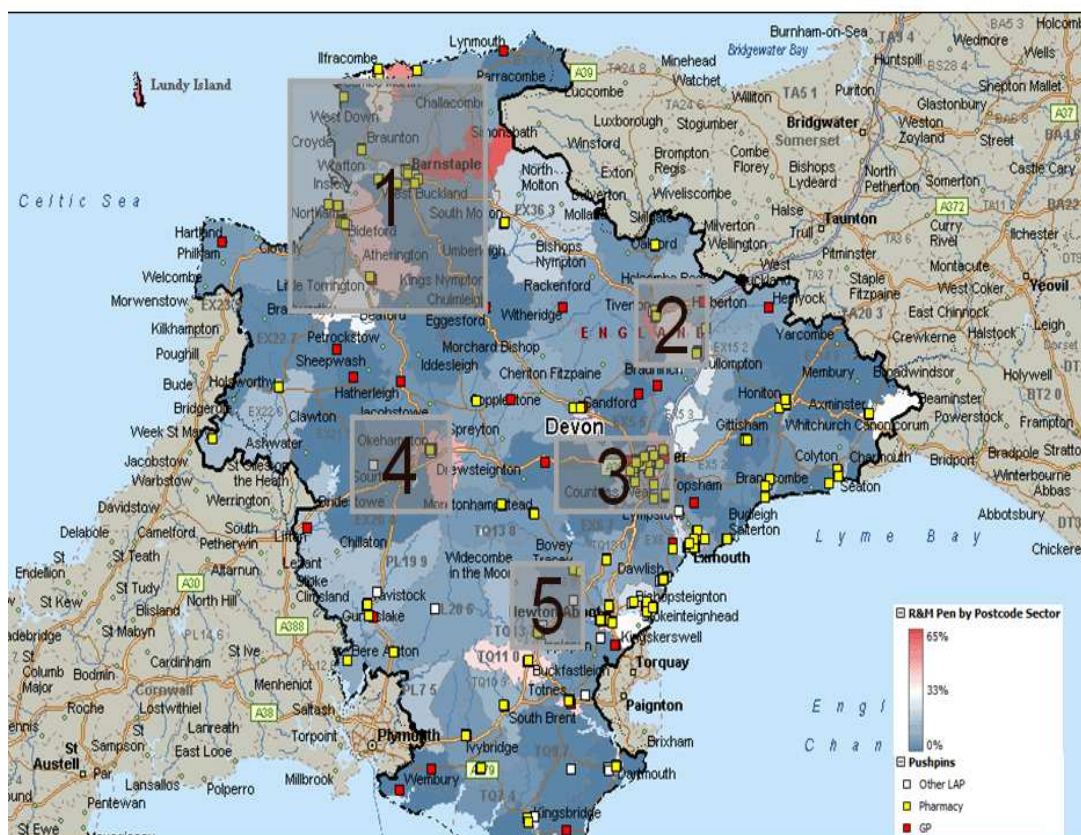
- Fifty per cent have access to the internet at home with 27% at work
- Primary reasons for use of the internet are to send/receive email, shop and online banking
- Top websites accessed are Google, eBay and MSN
- Tesco is the top grocery store used, followed by Asda, Sainsburys, Morrisons, local independent shops and the Co-op – (this group is likely more likely to shop local than the general population)
- Approximately 50% of this group shop once a week
- Primark, Matalan, Marks & Spencers and Debenhams are top department stores
- Boots, B&Q, Superdrug, local chemists and Lloyds Pharmacy are other top shopping spots
- BBC 1 is the favourite TV channel
- Newspapers are read for news and gossip
- BBC Devon and Heart FM radio stations, local papers and free press

Routine and Manual smokers in Devon

There are around 113,000^{xi} Routine and Manual workers in Devon (approximately 15% of the population and 36% of the working population). Sixty-one % percent of smokers accessing NHS support in 2009-10 were Routine and Manual workers.

Highest density areas in Devon include postcode areas in **Exeter (3), Ilfracombe, Bideford, Barnstaple (1), Newton Abbot (3), Okehampton (4) and Tiverton (2)**. For detailed information please see local profiles. (Determined by Mosaic data, TGI data, cross referenced with IMD data).

High density areas



Location

1. Ilfracombe, Bideford, Barnstaple
2. Tiverton
3. Exeter
4. Okehampton
5. Newton Abbot

INSIGHT: Most deprived and Routine and Manual workers share health inequalities, but may not perceive it as so

- All the identified high density areas of Routine and Manual workers in Devon sit alongside and within some of the most deprived areas
- The population shares the lower life expectancy, high risk of chronic heart disease, stroke, chronic obstructive pulmonary disease, respiratory illnesses and cancer
- Nine per cent are registered disabled compared to 6% of the general population
- Evidence suggests that tobacco use is the primary reason for the gap in healthy life expectancy (Department of Health, 2009)
- Reducing smoking rates in disadvantaged groups and areas is a critical factor in reducing health inequality

REFERENCES

- ⁱ Source: Routine and Manual Smokers – Who are they? Department of Health, 2007
- ⁱⁱ Source: SHS Post Campaign Analysis 2007
- ⁱⁱⁱ Source: Power Marketing Survey 2008
- ^{iv} Source: Routine and Manual Smokers – Who are they? Department of Health, 2007
- ^v Source Directions Routine & Manual Qualitative Research
- ^{vi} Source: Power Marketing research 2008
- ^{vii} Source Directions Routine & Manual Qualitative Research / Source IPA TouchPoints Index vs. All Men
- ^{viii} Source: IPA TouchPoints 2008
- ^{ix} Source: Excellence in tobacco control, Department of Health 2008
- ^x IPA TouchPoints 2008
- ^{xi} Source: Census data 2001